



## CLIENT INFORMATION

### **PLEASE PRINT:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

### **EMERGENCY CONTACT NOTIFICATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **MY PREFERRED METHODS FOR CONFIRMING MY APPOINTMENT ARE (PLEASE CHECK TWO):**

- E-mail
- SMS (Text) Message
- Home Phone
- Cellular Phone
- Work Phone

### **HOW DID YOU HEAR ABOUT US?**

- Website
- Radio (please indicate station) \_\_\_\_\_
- Print (newspaper, postcard) \_\_\_\_\_
- Word of Mouth (please indicate name) \_\_\_\_\_
- Physician (please indicate name) \_\_\_\_\_
- Other: \_\_\_\_\_

### **I WISH TO RECEIVE PROMOTIONS AND COMMUNICATIONS THROUGH:**

- E-mail
- SMS (text) message
- I do not wish to receive mailings